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SPIRIT OF THE PRESS.

As our readers are, no doubt, by this time somewhat familiar with our views upon the crooked ways of the Phenomenon, they will spare our annual message upon the subject and listen to the following from another source. In the St. Louis Medical and Surgical Journal for September, Dr. Edgar, its senior editor, devotes a four-page editorial to the consideration of the Kentucky-Louisville School, which concludes as follows:

"A few men, thirsting for notoriety, fame, and gain, organize a medical school (two or three of them, if you please), and must have students 'so-called' to carry out the scheme, viz., to gain ascendancy over their neighbors. By this method of advertising, on the attraction of low fees or beneficiaries offered to all sorts of people through political and other agencies, two or three hundred students are gathered, who soon discover, if entrance to the main show is cheap, tickets to the *side show* are dear, but must be taken. Thus one or two hundred dollars are wheedled out of each before he gets out, not unlike a 'charity fair' which costs nothing to enter, but all you have to get out.

"It were an easy task to show conclusively that few young men should enter the medical profession at this time who require help so to do; and they should have shown such aptness for the work of the profession, such industry and ability as secures the needed aid from appreciative friends, otherwise he is only helped into a life of disappointment, poverty, and mortification.

"We have occupied a position for a few years to know of what we speak, and it is our deliberate conviction that no worse

choice of calling can be made by the *poor* young man than the medical profession; it is so thoroughly overdone every where in this country that it is like carrying 'coals to Newcastle.' There is neither money, credit, nor pleasure in the enterprise: almost any man, in forcing his way to a liberal income from medical fees, is compelled to work himself to death in free clinics and hospitals for a reputation, or sacrifice his self-respect and integrity of character by practicing a system of narrow, cowardly policies which makes life a miserable failure from any standpoint you may consider it.

"If it is charity to help a man into trouble that you may have benefit, then 'beneficiaries' and free tickets are a charity; otherwise they are a first-class fraud.

"That we require cheap schools to make 'cross-road doctors;' that our territory is so extensive and sparsely settled that *we* require *three thousand* doctors where Germany or France requires *three hundred*, may do to tell the people of Europe, but Americans know better; and particularly do the young doctors know better, who have been itinerants for three or four years, in search of a location that would give them simple subsistence, but who, like Noah's dove, report no resting-place.

"This living by the (cold) 'sweat of the brow,' when it comes from the activity of the *wits*, instead of labor with the *hands*, has its limits, which (from the throngs of idlers in all our cities and towns) we would suppose near at hand."

And so the condemnation goes around. We can but express our hopes again that the eyes of those who are concerned will be opened to read the writing properly.

Original.

CLINICAL LECTURES.

CLINIC FOR DISEASES OF THE SKIN, UNIVERSITY OF LOUISVILLE.

BY LUNSFORD P. VANDELL, JR., M. D.,
Professor of Therapeutics and Clinical Medicine.

Gentlemen,—Dermatology, or the science of skin diseases, is to be the subject of my lectures during the preliminary term of this, the fortieth, session of the University. Eight hours comprise the portion of the course allotted to me, and therefore I must make my remarks as concise as may be consistent with clearness. I shall not attempt more than a skeleton of the subject during the month before us; but this skeleton I hope to fill up in the winter clinics, when abundant time will enable us to discuss skin diseases more elaborately. I shall only treat of the dermatoses found in our country, and even the rarer of these I may not allude to, and I shall not stop to cite authorities or to discuss disputed points.

The skin, or cuticle, is a complex tissue composed of two coats: 1. The outer coat is the epidermis, or scarf-skin, and the hairs and nails are composed of material identical with this; 2. The cutis vera, called the sensitive skin, the quick, etc. The cutis vera is composed of several layers made up of nerves, minute blood-vessels, sweat glands, oil glands, fat, and cellular tissue. The epidermis, or scarf-skin, is a horny, insensible coat, made for the protection of the tissues beneath, and for the purpose of holding in the watery element of the body, and in this layer exists the coloring of the skin. The cutis vera, or sensitive skin, is where the sense of touch exists, and where the oil and sweat glands are imbedded and protected. Over almost all portions of the body tubes are found leading from the glands before spoken of, and emptying the glandular secretions upon the skin. The orifices of these tubes on the epidermis are called pores. The perspiratory secretion, or sweat, is chiefly for the purpose of keeping down the tempera-

ture of the body by evaporation; but excretion of worn-out and noxious substances is to a limited extent carried on, and a certain amount of respiration is performed through the pores of the skin. The office of the sebaceous or sweat glands is to lubricate the surface and keep the cuticle soft and pliable, and also, probably, to assist in throwing out from the system effete and injurious material. It is computed by Mr. Wilson that on an average there are 2,800 pores to the square inch of skin, or about 7,000,000 pores on the entire body, and that we are possessed in our skins of somewhere near 28 miles of perspiratory and oil tubes.

Barring the palms and soles, all portions of the cuticle give lodgment to hairs. On most of the person these are of insignificant length and of uncertain use; but in other localities the growth, by its length and abundance, serves the purposes of beautification, protection, and decency. About the genitals and anus the growth of hair seems to me provided for the object of obscuration. I am not aware that the number of hairs on the person has been estimated, but the hairs on the head have been numbered, and Mr. Wilson computes them to average 120,000. Black heads have the fewest hairs; flaxen heads have the greatest number.

Knowledge of the tissues enumerated and of the nails, and of their component parts in health and in disease, constitutes what we denominate dermatology. No branch of medicine is more interesting, and few are less understood by the profession at large.

For the purpose of teaching, the adoption of some classification is almost absolutely necessary. I shall employ that known as Willan's, somewhat modified.

1. In this classification is *muculæ*, or spots; discolorations, such as freckles, liver-marks, and piebald stains.

2. *Tuberculæ*; which means literally little tumors, such as warts and knots on the skin.

3. *Erythemata*; literally the blushes, the rednesses. This term is applied to the skin troubles in which redness is the decided and distinctive feature.

4. *Papulæ*; meaning pimples containing no fluid, generally red, and of protracted duration.

5. *Squamæ*, or scales; the dry, scaly affections.

6. *Vesiculæ*; literally little bladders. They consist of small, roundish elevations of the scarf-skin, containing serum, or the watery portion of the blood; they are little blisters. Examples of this are fever-blisters, shingles, and poison-oak eruption.

7. *Bullæ*. These are simply blebs or blisters of larger size than the vesicles. The latter vary from a pin-point to a pea in size, and the former from a pea to a walnut in bigness.

8. *Crustæ* are the eruptions which present crusts or scabs upon their surfaces as a pronounced and persistent feature.

9. *Pustulæ* are pimples containing pus or matter.

10. *Furunculæ*. This class includes boils, carbuncles, felons, and their like.

11. Glandular derangements of the skin.

12. Animal parasites.

13. Vegetable parasites.

So much for classification. And after all I have said, in language plain and devoid of technicalities, or at least with the technicalities explained, how much would you comprehend and recollect of the different orders enumerated in the classification just given you, were my remarks not illustrated by the exquisite wax-models from Vasseur, the beautiful and perfect plates of the Sydenham Society, and the patients before you? Gentlemen, it is utterly impossible for you to learn dermatology without models, plates, or cases on which you can all *see* the diseases. Their language is necessary to convey the required information. Therefore, let me beg of you to get as close to the illustrations as possible, and to use your eyes as diligently and carefully as you do your ears.

And now, gentlemen, before taking up the dermatoses in detail, let me impress on your minds the important truth that skin diseases are in the main not merely skin affections, not simply local disturbances, but, on the

contrary, are local exhibitions of constitutional disturbance of the blood, the nervous system, or some of the organs of the body. They are the silent but often emphatic language of disease. In this day of ours, when the science of medicine is divided into almost innumerable sections, and scarcely an organ or a region is without its medical or surgical guardian, the tendency of the specialist is, and the danger to the patient is, the overlooking of the origin and cause of disease, and instead accepting and treating as the disease its local morbid manifestation. Should any of you become specialists, gentlemen, I hope, for the good of science and the welfare of humanity, you will not devote yourselves to any specialty until you have had ten years' experience in general practice; and then, after you have elected a specialty, please bear in mind what I have said to you of the wisdom and necessity of discovering the cause of a disease before you begin treatment.

The three patients before you illustrate my meaning. First, you have this pale and feeble boy, with small blisters scattered about his mouth. His mother tells us he has the ague. Quinine will cure both his ague and his herpes febrilis—his fever-blisters. Iron then must be given to fortify his system against another incursion of malarial poison. Locally tannin and morphia, in simple cerate or rose ointment, may be applied, if there exist much pain or burning in the vesicles. (Tannin, gr. x; sulph. morphia, gr. ij; ointment, \mathfrak{z} i; mix.)

The next case is eczema of the ear in this scrofulous negro. You see it is a moist eruption having crusts on portions of its surface, and the patient complains of great itching at night. His tongue, you observe, is abnormally large and pale, and is indented by his teeth; and his urine, he says, is high-colored and sometimes burns a little. You perceive the glands of this patient's neck are much enlarged, and that he has a purulent discharge from the right ear. This discharge apparently is the exciting cause of the eczema; but it is possible this discharge

would not have irritated to vesication the skin of a person whose blood was in its normal condition. He is the subject of masked intermittent, as is shown by the tongue and urine and periodical character of the itching. Quinine will almost certainly cure this eczema. The tannin-and-morphia ointment will add to his comfort. Iron we shall give also. Almost all cases of skin disease require iron, and almost all cases should be given the most generous diet. Soap must not be used on the eruption, and water as seldom as is consistent with comfort and cleanliness. Arsenic and cod-liver oil may be necessary to a cure of this negro.

The last case I show you is this emaciated child of eighteen months old, whose health has been undermined by the summer heat, dentition, diarrhea, and intermittent fever. On the back you observe a large pale ulcer, with undermined edges, and issuing from it a thin yellowish fluid. About the shoulders and neck are six or a dozen small pinkish and purplish elevations of the skin as large as beans, some as large as nickels. Beneath these is a small collection of pus in the cellular tissue having a scab on top. This is ecthyma. Quinine, iron, and good food may bring the case back to health. Locally, anodyne and astringent applications will increase comfort. Ecthyma is always associated with decided depravity of the blood, and in this case the prognosis is very unfavorable.

CLINIC FOR DISEASES OF THE CHEST, UNIVERSITY OF LOUISVILLE.

BY E. R. PALMER, M. D.,

Professor of Physiology and Physical Diagnosis.

[Phonographically reported.]

Gentlemen,—In making out the diagnosis of disease it is always an important matter to bear in mind prevailing epidemics. The initial symptoms of various affections are often so much alike that we must wait several days for the disease to develop itself before we can give it a name; but if it happen to be a season when disorders of

a particular sort are common, we can frequently anticipate the nature of the trouble with which we have to deal. Scarlet fever, small-pox, and measles are sometimes known by these means before the characteristic eruption has made its appearance. The last-mentioned disease has a special connection with the subjects discussed before this clinic, as at the outset its symptoms are wholly catarrhal; but it was not my purpose to note this means of diagnosis in diseases in general, or even between pulmonary and other affections, so much as to call your attention to the fact that at certain seasons we expect certain bronchial troubles, and learn to direct our attention immediately to them. A persistent cough during mild weather may awaken our suspicion as to the gravity of its cause; but as the autumn becomes well established, and the air becomes cooler, especially as the warmish days are followed by chilly nights, then cough comes to be quite a common thing, and in the vast majority of instances points simply to bronchitis, either subacute or chronic. In no disease more than in the last named is the effect of season more apparent. Those of you who were with us last year will soon see the familiar faces of many who sought of us relief for this affection then. Their troubles vanished with the summer. In many cases these will come on again with the cold.

Chronic bronchitis, like acute bronchitis, is marked with abnormal secretion from the bronchial mucous membrane; but the fever which is characteristic of the latter trouble is wanting in it. In acute bronchitis the fever is of a peculiar type, being characterized by periods of rigors or chilly sensations, alternating with flushes of heat; but these are purely nervous sensations, as the thermometer shows the absence of corresponding variation of temperature. The duration of the two diseases is different; the acute running its course quickly, the chronic being persistent, as its name implies. Both of these troubles are due to hyperemia of the bronchial mucous membrane; that is, there is more blood there

than should be brought about by congestion, active or passive; terms perhaps somewhat old, which will be more fully explained to you elsewhere. Now, the result of this increased supply of blood is increased secretion in the parts. A certain amount of mucus was necessary to maintain the normal condition of the mucous membrane. This increases rapidly in quantity in the diseased tract, loosely filling the large tubes, and sometimes entirely obstructing the smaller; and not only is mucus poured out in abundant quantity, but it is mingled with rudimentary epithelial cells. Examined under the microscope, they show themselves as small pearl-like round bodies. In ordinary secretion epithelial cells are developed in just sufficient quantity to replace the natural shedding which is going on; but in hyperæmia, and abnormal or perverted secretion, they are produced in vast quantity, and, like blasted fruit, they fall away in a green and incomplete state, giving to the mucus one of the characteristic appearances which we note in that which is expectorated in this disease.

Cold is the fruitful cause of bronchitis, as it is supposed to be of very many other disorders. There is no more common expression than that of "taking cold." The doctor says it to the patient, and the patient to the doctor. It is very satisfactory to all parties, and yet it would be very hard to explain the matter. It is not easy to see how damp feet or a chilled body should result in a bronchial catarrh or pneumonia, or the many other ills to which we know it gives rise. Cold is not the only irritant that causes increased bronchial secretion. The inhalation of small particles of foreign matter may do the same thing; and we have bronchial troubles incident to a number of the trades in which this happens, as with stone-cutters, needle-grinders, brass-founders, etc. The action of iodide of potassium, one of our most common remedies, when pushed too far, produces hyperæmia and catarrh of the mucous membrane of the respiratory tract, and some of the animal poisons in

the blood will bring it about. We have bronchitis with Bright's disease of the kidneys.

The presence of this mucus in the respiratory tract is not only made evident by the sounds which it gives rise to, but by the modification of the sounds we can distinguish the caliber of the tubes in which it is lodged. Sounds produced within the air-cells in the diseased state resemble the rubbing together of hair between the fingers. This happens in the first stage of pneumonia, and the sound is known as the crepitant râle, râle being the French term for "rattle," which we have adopted in this connection. When in the bronchioles, or smaller bronchial tubes, the sound is somewhat more decided. It is then called the subcrepitant râle. I may say here that if your ear is not nice enough to distinguish the difference between these two characters of sounds, they may be known apart by remembering that the crepitant râle is heard on inspiration only, and the subcrepitant râle in both inspiration and expiration. Mucus in the larger bronchial tubes gives rise to coarse, bubbling, churning sounds, which are called mucous râles. So much for the moist sounds produced within the bronchial tract.

There are besides these dry sounds resulting from disease. To have been systematic I should have described these first, as their appearance precedes the moist sounds in practice. They also vary greatly in pitch, running a very wide gamut, from the hoarse, snoring sound which comes from the greater tubes, known technically as sonorous rhonchi, to fine piping or whistling tones which come from the finer tubes, and are called sibilant râles. These sounds are caused by the hyperæmia which is present, producing tumefaction, and so interfering with the caliber of the tubes. The dry sounds give way to the moist ones as the vessels unload themselves by increased secretion; though dry and moist sounds are heard together during all stages of both acute and chronic bronchial catarrh.

SUBACUTE BRONCHITIS.

The first case I show you this morning is in this girl, who has been before the clinic previously, and was troubled considerably with cough. You will note at once her pale and anæmic appearance. The anæmia to which she is subject may be the result of the bronchial trouble, the continuance of which may derange her blood-making powers; and, on the other hand, anæmia may be the cause and cough the effect; and this, I rather suspect, is the case with her, as she is of an age—thirteen or fourteen—when girls are apt to be anæmic.

In the general "flabbiness" of the system—if I may use so unscientific a term—to which this condition gives rise the bronchial mucous membrane also shares. Very little exposure is then necessary to excite catarrh. You observe that I proceeded at once to auscultate the patient, without percussion; as in ordinary cases, such as this, percussion gives us only negative signs. After listening carefully, I have found in one spot, and then only for an instant, an abnormal sound. There is a sibilant râle, on inspiration, here at the base of the left lung. She is evidently much better of her trouble, and I will withdraw all treatment directed particularly to her cough, and put her upon a tonic to build up her general health, so that she may be able to resist any further attack; otherwise she may return to us after each wet spell with cough renewed. We will prescribe

R Muriate tinct. iron..... ʒ ij;
Glycerine..... ʒ ij;
Sulph. cinchon..... ʒ ss. M.

S. Teaspoonful three times a day.

CHRONIC PHTHISIS.

Our next case is in this laboring-man, who gives his age at forty-five, from whom we proceed to get the rational signs of his disease. His trouble, he says, began two years ago. He thinks it was due to hard drinking. He weighed at one time a hundred and seventy pounds. At present his weight is one hundred and fifteen pounds, showing a loss of nearly one third his bulk since he became sick. He has considerable

pain in his chest, which he refers to the upper part of the right side, but which he says comes in various spots. He has a severe cough; is sick at his stomach every morning on rising. Has shortness of breath, so that he can not go up stairs except with care. He is having night-sweats, and has spit blood. His pulse is 100. He has a tolerable appetite, and declares he is fond of fat meat. He tells us, also, that he is greatly troubled with a fistula. It was operated upon three years ago. His doctor assured him it was well, but it is now as bad as ever. He has, you see, nearly every rational sign of consumption.

Inspection shows emaciation, which seems to be uniform. The eye detects no difference between the opposite sides of the chest. Percussion in this case is all-important. You note that there is slight dullness here beneath the right clavicle, and percussion gives him pain at this point. On auscultation over the region of this dullness, I hear the sound the air makes in leaving the lung—prolonged expiration. It is a loud and distinct blowing, and is known as bronchial breathing. Of course the air naturally passes through the bronchial tubes, and there is always bronchial breathing; but the sound it makes in so doing is to be heard chiefly at the back, near the course of the larger bronchi. The reason it is not more evident in health is because the elastic lung tissue is a poor conductor of sound. When we hear it in situations where it should not exist, it indicates that infiltrations have taken place in the parenchyma, and that this has become solidified, and thus changed into a good conducting medium. In addition to these blowing sounds bubbling râles are heard, which means that the solidified mass has begun to soften. The man is passing into the second stage of the disease. The first stage was that of deposition of the solid matter; the second is that of softening; the third stage will be when the softened matter is ejected from the lung, and cavities will be left. Resonance will then return to the side; but it will be an unnatural resonance—tympanitic, as it

is named. On auscultation the sounds will be peculiar to the stage; and when the man speaks, even in a whisper, his voice will be heard as plainly over this spot as if the ear had been held to his mouth.

It has long been held that, as a rule, the upper portion of the left lung is the first to succumb to the disease of which this man is subject. This is far from being absolute. Fuller emphatically denies its truth, and I do not myself hold to it. I have too often, as in the present case, seen phthisis invade the right lung at the start. A much more useful maxim to remember in this connection is that phthisis, as a rule, commences at the top of the lung, whether of right or left, and goes downward. It is an exceedingly important aid at times in diagnosis. If in auscultation we note that râles increase as we go downward, we may infer that the cause is not phthisis. If, on the contrary, they are chiefly located at the top of the lung, our suspicions are greatly aroused that it is this disease.

You will note the worn appearance of the man. He has told us in figures how much he has lost in flesh. You see in him also corresponding signs of debility in his voice and posture. He is hit hard. There is not, however, as great an extent of surface involved as in the patients you have seen suffering with catarrh; but the difference in the structure and function of the region involved has much to do with the graver nature of the malady. In consumption the lung proper—the parenchyma—is the seat of disease. In health the parenchyma consists of very small membranous terminal tubes, of aggregations of delicate air-cells, elastic, tissue connecting these to one another, blood-vessels, etc. Consumption—or at least the commonest form, such as the case before us—consists in a slow inflammation of the walls of the air-cells, by which they are thickened at the expense of their cavities; this thickening going on until the cell-nature of a considerable area is wholly destroyed, and that portion of the lung transformed into a solid fibrinous mass. We call this change a hy-

perplasia—an excessive deposition of a sort of plastic material. This in course of time undergoes degeneration, first becoming "cheesy," and then softening, breaking down at the same time the tissues that it has involved—destroying, in other words, greater or less area of lung substance. There are not necessarily tubercles present; indeed these are very frequently absent in fatal cases of this form of consumption, so that the term *tuberculosis*, which was once used synonymously with those of phthisis and consumption, is here manifestly an improper one. It is most properly applicable to that widely different affection known as acute tubercular consumption.

But my hour is consumed; and as the pathology of consumption is of great importance, I promise you that what I have just roughly sketched shall be more fully elaborated at some future hour.

This man is on linseed oil and the syrup of hypophosphites. He has been under our treatment for the year past, and has at times improved greatly. During the summer he thought he was about to get well, but has since become quite feeble, owing to the trouble at the anus. For this affection I refer him to Prof. Cowling, who will explain to you at his lecture next Wednesday the causes and relations of fistula.

Correspondence.

STRICTURE OF THE ESOPHAGUS OF FIFTY YEARS' STANDING.

To the Editors of the Medical News:

I herein hurriedly give you the history of a case of stricture in a subject who died about three months ago. I don't think it has been reported by any one else.

John Haselden, a saddler by trade, and a man of superior intelligence, while a boy of fifteen, was playing ball, when one of his companions ran against him with great force, causing intense pain at the lower end of the sternum. This subsided soon, but inconve-

nience was experienced for several weeks, when there appeared a slight impediment to the passage of food into the stomach. This difficulty increased as he grew older. When he had reached early manhood he consulted physicians of eminence, in order to have this trouble removed, if possible. He was, by their advice, put on a soluble diet, and gave it a thorough trial for a couple of years, without marked benefit. He has been under my observation three years. The trouble has been aggravated but very little for many years. He had no difficulty in swallowing his food, but scarcely any passed into the stomach until he filled the esophagus, which holds a quart, and by the pressure of the mass, and with up-raised arms, by which mechanical means the thorax and esophagus were elongated, by almost superhuman efforts he forced the food through the stricture into the stomach. During an ordinary meal he makes straining efforts of this sort. He was never known to throw up any food after it was once in the stomach. He has frequently fallen exhausted while swallowing through the stricture. He suffered with palpitation of the heart, produced, I think, by the pressure of this distended esophagus. He quenched his thirst by drinking as much as a quart of water, but not a drop would enter the stomach. After a few moments, by a voluntary act, he would gush the whole several feet from him. It was very painful for him to swallow water, and its after effects were always bad, producing a flatulent condition of the bowels. The stimulating properties of whisky seemed to have a relaxing effect, and it was easily swallowed. It was as rare for him to throw up the whisky as it was for him to retain the water. He never drank excessively, but craved an occasional drink. At the autopsy the esophagus was found greatly enlarged, pouch-like, and the walls extremely thin and dilatable. The esophageal orifice was but little larger than a pea, and the walls at this point were very thick and cartilaginous. There was chronic congestion of all the viscera, and death seemed to be produced by a slow as-

thenia. It is very evident that no treatment that could have been employed, either surgical or medicinal, could have eradicated or corrected this acquired malady.

DAVID A. HUSTON.

BRYANTSVILLE, KY., Sept. 11th, 1876.

Miscellany.

CITY AND COUNTRY DOCTORS.—Dr. Stickney, of Springfield, thus contrasts city and country physicians: "In the city are found large opportunities for every kind of advancement. The social conditions, the literary associations, the public libraries, and other sources of improvement, furnish in cities a scope and variety of means which are not to be had elsewhere. So also the immediate opportunities of daily professional intercourse, out of which grow mutual reliance and assistance, the ready communication of newly-acquired knowledge and fresh experiences, and the benefits of professional observations possible only in the public charities of a city; all these contribute greatly to the common advantage and success of medical men in populous places. On the other hand, the 'country doctor' has comparatively few such advantages; for while his practice embraces the whole range of medical and surgical service, his opportunities for outside aid and improvement are meager and limited. His resources are his self-reliant skill and faculty, his native good sense and good judgment, and what there is in him of heroic worth and virtue. With no ready chance for mutual counsel, he stands alone; and he must of necessity be plucky, sharp of observation, cautious, yet with quick sense of apprehension. He must be capable of acting at once, of doing the right thing at the right time, and of doing it as perfectly as possible. A human life hangs in the balance, and with what of courage, insight, and ability there is in him, he must wrestle alone with the danger. Circumstances and exigencies like these ripen his native qualities, and bring him occasions

which test the temper of his mental fiber as well as his firmness and force of character. Then again, this work, with all its demands and difficulties, comes under the immediate notice of every one. The country practitioner goes at once to the front, to be seen and known of all. His qualities as a man, his capability to perform successfully the duties of his calling, will be sharply criticised by all. The people among whom he dwells belong mostly to that great middle class which holds together the extremes of society; intelligent people, capable of forming correct judgments. Before such judges stands the 'country doctor,' and there is no chance for hiding behind subterfuges or for shirking responsibilities. No petty artifices will excuse blunders or stupidity; sharp eyes follow him every where, constantly observing, and discerning 'what manner of man he is.' Dr. Samuel Johnson, in his criticism on Dr. Akenside, the poet, says, 'A physician in a great city seems to be the mere plaything of fortune; his degree of reputation is for the most part totally casual. They that employ him know not his excellence; they that reject him know not his deficiencies.' In the country the case is far different. There the analysis of character and ability is more complete; for there that distinction is less which comes from position and wealth, and every one, rich or poor, man or woman, counts at a full rate in the expression of opinions. But an attractive feature of country practice grows out of the free yet respectful intercourse which constitutes one of the main sources of pleasure and help of country life. Known by every one, if intelligent and educated, possessing a warm heart and generous sympathies, the 'country doctor' gains respect, esteem, and love. He in turn learns to know his people—even better than they know themselves; he knows them from birth; 'knows what stock they are made of;' knows their constitution, their habits of life, their social and moral qualities, and their secrets too; and, 'king of health in his own regions,' thus understands full well how to manage their physical ills deftly and safely. To them

he is the friend, the comforter, and the adviser; and he becomes, what is growing rare in cities, the family doctor, in whom all confidences meet and rest, and in whom all hopes of human aid are centered in times of trial, sorrow, and impending dissolution." *Boston Journal of Chemistry.*

ORIGIN OF SYPHILIS.—At a recent meeting of the Anthropological Society of Paris there was an interesting discussion as to the origin of syphilis, in which M. Broca and M. de Quatrefages took an active part. According to the last-named *savant*, syphilis must be almost as old as humanity, for it not only existed in Europe from time immemorial, but it was known in America long before the arrival of Europeans there, as reference is made to it in the written traditions of the country, to which, it will be remembered, Cook, the great circumnavigator, referred in his writings. If we consider the testimony of Cook and that of other travelers in different parts of the globe, M. de Quatrefages adds, there is reason to believe that syphilis was developed spontaneously in different races, but that it has assumed an aggravated character only when it was communicated by one race to another. To this, one of the members remarked that it can not be said that the disease was imported from America, as it was found among the French troops at the siege of Naples in 1495, when America had not been discovered. The disease was said to be contracted by the cavalry soldiers from mares affected with farcy; but this assertion was completely disproved by M. Sanson, a distinguished veterinarian, who retorted that farcy can only engender farcin and syphilis syphilis, and that the latter is completely uninoculable in herbivorous animals. M. Broca then reminded his hearers that syphilis was known in Europe long previous to the expedition of Charles VIII. In a chart of Copenhagen of the fourteenth century the disease is described as "*le mal Francaise*," while in France, after the return of the army of Charles VIII, the French designated it "*le mal Napolitan*." The ancients,

however, recognized it under the name of "*mal de campane*;" and the disease was well described in their writings, though the connection between the primary and secondary forms was entirely ignored. It is now known that the constitutional form of the disease shows itself some time after the appearance of the primary sore, and that the symptoms present themselves in a great variety of forms. It is probable, continued M. Broca, that many syphilitic affections were confounded with other diseases; and he had gleaned from ancient authors that during the middle ages persons affected with syphilitic eruptions were classed among the leprous, and treated as such. In some excavations in the "Rue Bruxelles" in Paris M. Broca found, about fifteen years ago, in an ancient lazaretto, the bones of human skeletons bearing unmistakable marks of constitutional syphilis, which would seem to corroborate the opinion enunciated above. The alleged discovery of the fifteenth century as far as regards syphilis is, therefore, simply reduced to this: syphilis is a morbid entity essentially confined to the human species, and manifests itself in every variety of form, not a single organ or tissue of the body being exempt from its dire influence.

PREHISTORIC TREPHINING.—At a recent meeting of the Anthropological Society of Paris, M. Broca presented, in the name of M. Prunières, a number of skulls that were found in a monument (dolmen) at a village called Aumède-Haut, in the Department of Lozère, in France, which are exceedingly interesting in more than one point of view. Some of the skulls, which were declared to be of prehistoric origin, bore evident marks of certain morbid conditions, both traumatic and idiopathic, while others presented traces of an operation which M. Broca has, for the sake of convenience, termed "trépanation" (trephining), to which it may be more or less compared. This gave rise to a discussion as to whether the operation was performed for surgical or medical purposes—in other words, whether it was intended to fulfill certain med-

ical indications, or whether it was employed as a remedial agent for the cure of certain traumatic affections, such as fracture of the skull, etc. M. Broca is of opinion that the operation was performed for the cure of idiopathic or spontaneous maladies principally confined to infantile convulsions, as the cicatrices on the cranial bones indicated that the trephining was effected at that period of life. *Brit. Med. Journ.*

DEATH OF MR. VICTOR DE MERIC.—We regret to hear of the death of Mr. Victor de Meric, which took place at his residence in Brook Street on Tuesday last. Mr. de Meric, who was a native of France, settled in London more than a quarter of a century ago, and during his residence won the esteem of his professional brethren by his genial character and honorable conduct. He was surgeon to the Royal Free and to the German and French Hospitals, and was specially known as a diligent student of syphilis and the allied affections, to the literature of which he made some valuable contributions. He died at the age of 65.—*Brit. Med. Journ.*

DEATH OF CHELIUS.—The German journals announce the death, on August 17th, of the well-known surgeon, Max Joseph von Chelius, at the age of eighty-two. He was appointed extraordinary professor of surgery in the University of Heidelberg in 1817, and in 1819 became ordinary professor. His Handbook of Surgery first appeared in 1822, and from that time to 1858 went through eight editions. It had a wide circulation, and was translated into English by Mr. South. Chelius retired from his professional duties in 1864.—*Brit. Med. Journ.*

COLONEL LOYD LINDSAY, Mr. MacCormac, Dr. Charles, and a number of other representatives of the National Society for the Aid of the Sick and Wounded in War, arrived in Belgrade on Tuesday, and had an interview with Prince Milan, by whom they were cordially received. They have since gone on to Alexinatz.

Selections.

TREATMENT OF CATARACT.—There are undoubtedly certain forms of cataract—such as those due to diabetes, and those due to malassimilation in gouty or rheumatic persons whose lives are not wisely governed—in which the physician may do much to improve the general nutrition, and thus indirectly to retard the degeneration of the lens, or even to produce some amount of restoration of transparency. If degeneration has progressed to the actual breaking up of the lenticular fibers, to the laying down of calcareous or other deposits, or to the formation of fat-globules, no recovery from these conditions would seem to be possible; but there is no manifest reason why an opacity due to mere sclerosis should not admit of improvement. If this be so, the nuclear are more hopeful than the cortical forms of cataract, although both alike may be hindered in their progress. If peripheral striæ are present in the lenses of a patient of sedentary habits, who consumes more food and more alcohol than he requires, and whose excretory organs are overtasked by waste which they can not eliminate, there can be no doubt that under the influence of a suitable diet and regimen such a person may preserve his eyesight, just as he will preserve his life, longer than if he continued in his unphysiological courses. And therefore, when we see cataract in an early stage, and when we do not find any obvious morbid condition, such as diabetes, the next thing should be to try and discover what there is wrong in the mode of living of the individual, what there is that physiology or common sense would seek to alter in his daily conduct, and why it is, in all probability, that he is no longer repairing the tissues of his crystalline lenses in a proper manner. And here the case falls altogether out of the domain of the mere specialist, and into that of the physician; and the commencing cataract should be regarded not only with reference to its effect upon the function of seeing, but also in a wider and more general way, as an evidence that senile change has made at least one serious inroad upon the system.—*Brudenell Carter's Treatise on the Diseases of the Eye.*

TREATMENT OF ANGINA PECTORIS.—Prof. Sée, of Paris, says this affection is not a neurosis, but an ischemia combined with pain. The treatment should, therefore, be twofold. As the pain, which by its violence can stop the breathing, can kill the patient in a few minutes, it is to that we must first address ourselves when called during an attack. To this end morphia hypodermically is the best, and the administration of it in this way should be continued, at least twice in the twenty-four hours, until the attack has completely disappeared. The morphia not only acts

by suppressing the pain, but it assists the circulation also, and thus directly addresses itself to the ischemia, which stops the heart from receiving sufficient blood, causing it to lessen. Together with morphia injections, enemata of chloral should be given to the extent of two to three grammes. While advising chloral Professor Sée cautions against the use of chloroform, which ought not to be used, owing to its tendency to paralyze the heart. Nitrite of amyl has no action as a sedative, but its effect to produce dilatation of the vessels may render it useful. Belladonna produces no effect, and the use of anti-spasmodics in a disease of such severity is absurd. Acetate of ammonia has a certain value as an excitant of the circulation, and because it acts on respiration, but it is inferior in value to morphia. Although prejudice may sometimes render it desirable to use cupping, frictions, and heat, they are really of no service. During an attack the use of the bromides is inadmissible, because they produce contraction of the blood-vessels instead of dilating them; but, like digitalis, they may be valuable during the intervals as regulators of the circulation. Arsenic, however much vaunted, does no good. Hydrotherapy is highly dangerous, either a return of the attack or cerebral congestion being results to be feared from its employment.—*Paris Medical.*

CHLORAL IN LABOR.—The value of chloral during labor was the subject of a late discussion at the Société de Médecine of Paris. M. Polailon maintained that it was of use only to combat irregular contractions; and that in general, instead of allaying pain and permitting delivery, it only relieves suffering by arresting labor. The conclusions were founded upon its use in eighteen cases, in none of which had hemorrhage occurred, so that the use of chloral did not appear to increase the liability to hemorrhage. The sedative influence of chloral in these cases he believed to be more profound than that of chloroform. In one case chloroform was given after sixty grains of chloral had been taken, but without noticeable consequences. In cases of threatened abortion he had not found it so good as opium, but a combination of chloral and opium had been given with advantage by M. Charrier. From the discrepancy of opinion as to the effect of chloroform upon the uterine pains, it would appear that chloroform is less frequently employed during labor in France than in England. The chloral was given by injection, as much as seven or eight grams having been in some cases administered.—*Lancet.*

ARSENIC AND ITS ANTIDOTES.—M. Rouyer, of the Faculty of Medicine of Nancy, says (a) that hydrated sesquioxide of iron recently prepared (gelatinous and brown) is an antidote for arsenious acid, but not for the arsenate of potash nor for the arsenate of soda. (b) At a longer interval than an

hour it is useless to attempt recovery from poisoning by arsenic. (c) For arsenite of potash and arsenite of soda the author proposes perchloride of iron in conjunction with magnesia. (d) The mode of administration is the official solution of perchloride of iron, and half an hour after magnesia in the proportion of a dram to two and three fourths ounces of perchloride. (e) This perchloride of iron and magnesia are also an antidote for arsenious acid; therefore it is preferable to employ it always in cases of poisoning by arsenic or its compounds. (f) An hour after the administration of an antidote it will always be well to employ a purgative, in order to expel the ferrated arsenite which is formed; and as this arsenite is soluble in acids, to avoid acid drinks and lemonades.—*Canadian Jour. of Med. Science.*

CALOMEL.—Dr. Duckworth, in Practitioner, says: "I am satisfied that in many minor disorders of children nothing can take the place of calomel as a purgative, and much time is often lost by beginning with drugs that are accounted more simple. The only medicine that appears to me to approach calomel in value is castor-oil; but this is constantly a source of trouble from its disgusting character. I find that calomel is distinctly preferable to gray powder as a purgative, just as for other purposes strychnia is to milder preparations of nux vomica. Its action is smarter and more decided. It has also the great merits of being tasteless and of exciting no nausea, and its bulk is small. In strumous children, or in healthy ones who suffer occasionally from gastric catarrh, with tenderness and some torpidity of the liver, no medicine is comparable to a purgative containing calomel. After its action a copious bilious stool or two are passed, the tongue is observed to become cleaner, the feverishness pertaining to this state subsides, and the child becomes brighter, and has restored appetite. A so-called simpler treatment with soda and citrate of potash will often fail to yield these results, and so, too, will repeated doses of rhubarb and senna."

GELSEMINUM SEMPERVIRENS IN NEURALGIA.—Dr. Jurasz, of Heidelberg, has used the tincture in five cases of neuralgia. In the first case, five drops three times a day (facial neuralgia); cured in three days. Second case of the same kind as the first, four drops three times a day; cured in six days. Third case, supra-orbital neuralgia, ten drops three times a day; cured in four days. Fourth case, neuralgia of the fifth pair on both sides, five drops every day; cured in two days. Fifth case, severe sciatica, eight drops three times a day; almost cured in fifteen days, and complete cure was then obtained by the

continuous current and warm baths. The gelseminum failed to relieve a hemicrania of old standing, and was also unsuccessful in two cases of muscular rheumatism.—*Med. and Surg. Reporter.*

RULES IN ADMINISTERING ARSENIC.—In the Medical Press and Circular, Dr. H. Griffith gives the following rules for the administration of arsenic: 1. It should never be given where there is a feverish state of the system; a quick pulse and a hot skin contraindicate its employment. 2. It should be given shortly after meals; never on an empty stomach. 3. It should not be given in the solid form, nor should it be given in increasing doses; as a rule, five minims of Fowler's solution should be the maximum dose for an adult. 4. The dose should be diminished, or the administration altogether ceased, on the occurrence of pain in the epigastrium, nausea, or irritation of the eyelids.

EXTRACTION OF A LIVING INSECT FROM THE EAR.—The *Archives Medicales Belges* relates the following case: A little girl, three years old, put an insect, "*bête a bon Dieu*," into her ear. Sharp cries, agitation, and convulsive symptoms ensued. Injections of water were made without result. The physician then conceived the idea of asphyxiating the insect by means of chloroform. He dropped four drops of chloroform upon a small piece of cotton, which he introduced into the ear. Immediately the child ceased crying, and complained no further of any disagreeable sensation; the insect had become asphyxiated. An injection of warm water brought it away dead, and no further trouble ensued.—*Med. Record.*

PREVENTION OF MISCARRIAGE BY HYPODERMIC INJECTIONS OF MORPHIA.—Dr. A. B. Isham, of Cincinnati, reports (*Amer. Jour. of Med. Science*) three cases of successful treatment by this plan, and holds that the manner of administration has been the cause of the small measure of success obtained by other practitioners; asserts that medicaments introduced into the rectum act in a very uncertain manner, and it is difficult to administer them by the mouth when the patient is vomiting, but the hypodermic injections obviate all these difficulties. He considers it useful in any case of threatened action.

ANTIDOTE TO STRYCHNIA.—The East India physicians recommend nicotia as the surest antidote, which is given in exceedingly small quantities in sherry several times a day. In default of nicotia, decoction of tobacco-leaves (half an ounce to a pint) is given.—*Amer. Jour. of Pharm.*